



CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on 3-3-06.

Mary Meegan
Mary Meegan

In Re Application of:

Richard N. Terry

Serial No.: **10/649,595**

Filed: **8-26-03**

Group Art Unit: **1714**

Examiner: **Szekely, Peter**

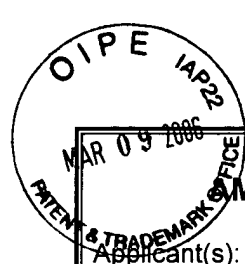
Docket No. **050220-1162**

For: **Antimicrobial Compositions Containing Colloids of Oligodynamic Metals**

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal
Extension of Time
Response to Non-Final Office Action
Credit Card Authorization in the Amount of \$1,020.00

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (LARGE)**Applicant(s): **Richard N. Terry**

Docket No.

050220-1162Serial No.
10/649,595Filing Date
8-26-03Examiner
Szekely, PeterConfirmation No.
4676Group Art Unit
1714Invention: **Antimicrobial Compsitions Containing Colloids of Oligodynamic Metals****Commissioner for Patents
Mail Stop
P.O. Box 1450
Alexandria VA 22313-1450**

Transmitted herewith is Response and Extension of Time in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	36 -	37 =	0	X \$50.00	\$0
INDEP. CLAIMS	1 -	3 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$180.00	\$
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$120.00	2 ND MONTH <input type="checkbox"/> \$450.00	3 RD MONTH <input checked="" type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$1,020.00
Other Fees:					\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$1,020.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$1,020.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

David R. Risley

Date